## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN   |   |   |                            |                                      |              |                  |        |                     |                        |         |                     |  |
|--|---|---|----------------------------|--------------------------------------|--------------|------------------|--------|---------------------|------------------------|---------|---------------------|--|
| (Column 1) (Column 2)  |   |   |                            |                                      |              |                  |        | TYPE                |                        |         | OR SMALL ENTITY     |  |
| TOTAL CLAIMS   |   |   | 19                         |                                      |              |                  | - RATE |                     | FEE                    | 7       | RATE                | FEE  |
| FOR  |   |   | NUMBER FILED               |                                      | NUMBER EXTRA |                  |        | BASIC FE            | E 385.00               | OR      | BASIC FEE           | 770.00                                       |
| TOTAL CHARGEABLE CLAIMS  |   |   | \\$ minus 20=              |                                      | · Q          |                  |        | X\$ 9=              |                        | OR      | X\$18=              |  |
| INDEPENDENT CLAIMS   |   |   | = 3 minus 3                |                                      | . 0          |                  |        | X43=                |                        | OR      | X86=                |  |
| M  | JLTIPLE DEPE  | NDENT CLAIM P                             | RESENT                     |                                      |              |                  |        | +145=               |                        | OR      | +290=               |  |
| * 11   | the difference  | e in column 1 is                          | ess than zero, enter "0" i |                                      |              | column 2         |        | TOTAL               |                        | OR      | L                   | 570  |
|  | C   |   |                            |                                      | _            | OTHER            |        |                     |                        |         |                     |  |
| _  |   | (Column 1)                                | <del></del>                | (Colum                               |              | (Column 3)       |        | SMALL               | ENTITY                 | OR      | SMALL               | ENTITY                                       |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                            | HIGHE<br>NUME<br>PREVIO<br>PAID F    | BER          | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE                       |
|  | Total   | *   | Minus                      | **                                   |              | =                |        | X\$ 9=              |                        | OR      | X\$18=              |  |
|  | Independent   | *   | Minus                      | ***                                  | <u> </u>     | -                |        | X43=                |                        | OR      | X86=                |  |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                            |                                      |              |                  |        |                     |                        | OR      | +290=               |  |
|  |   |   |                            |                                      |              |                  |        | TOTAL<br>ADDIT. FEE |                        |         | TOTAL<br>ADDIT, FEE |  |
| (Column 1) (Column 2) (Column 3)   |   |   |                            |                                      |              |                  |        |                     |                        |         | ADDII. FEE          |  |
| AMENDMENT B  |   | CLAIMS REMAINING AFTER AMENDMENT          |                            | HIGHE<br>NUMB<br>PREVIOI<br>PAID F   | ER<br>USLY   | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE                       |
|  | Total   | •   | Minus                      | **                                   |              | =                |        | X\$ 9=              |                        | OR      | X\$18=              |  |
|  | Independent   | *<br>NTATION OF MU                        | Minus                      | ***                                  | 01 444 4     | -                |        | X43=                |                        | OR      | X86=                | i  |
|  | FINOT PACSE   | NIATION OF MU                             | LIPLE DEP                  | ENDENT                               | CLAIM        |                  | '      | +145=               |                        | OR      | +290=               | ·  |
|  |   |   |                            |                                      |              |                  |        |                     |                        | OR      | TOTAL<br>ADDIT, FEE |  |
| ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3)   |   |   |                            |                                      |              |                  |        |                     |                        |         |                     |  |
| AMENDMENT C  |   | CLAIMS REMAINING AFTER AMENDMENT          | ·                          | HIGHE<br>NUMBI<br>PREVIOL<br>PAID FO | ER<br>JSLY   | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE                       |
|  | Total   | •   | Minus                      | **                                   |              | = '.             |        | X\$ 9=              |                        | OR      | X\$18=              |  |
|  |   |   | Minus                      | ***                                  |              | E                |        | X43=                |                        | . 1     | X86=                |  |
| 3  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                            |                                      |              |                  | -      | A45=                |                        | OR      | ∧66=                |  |
| • #  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                            |                                      |              |                  |        |                     |                        | OR      | +290=               | <u>.                                    </u> |
| If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  ADDIT. FEE  OR  ADDIT. FEE |   |   |                            |                                      |              |                  |        |                     |                        |         |                     |  |
| T  | he "Highest Numl  | ber Previously Paid                       | For (Total or              | Independen                           | t) is the l  | highest number   | foun   | d in the app        | ropriate box           | in colu | mn 1.               |  |